



Sign Out

Edit

View

Format

Reports

Chat/Help

Chart Room

Chart Face

Back

< prev

next >

Show Notes in List

SOS

610 N. Silver St

Silver City, NM 88061

575-958-6131

575-958-6947

Use Note Creation Time

Clear Time

Set Date/Time

Medicaid ID: 3571193524

Sprague, David S

ID: 44 DOB: 7/13/1982

7/29/2023

2:06 PM

Group Therapy Note (SOS)

Time spent face to face with patient and/or family and coordination of care: 180 min

Session start: 11:00 AM

Session end: 2:00 PM

Session Remarks:

Therapy Type:

Cognitive Behavioral Therapy

Thought Field Therapy

Motivational Interviewing

Today's group it started with a mood check in. Everyone discussed their current mood and how it was different or the same as yesterday. We reviewed goals from last week and discussed progress and next steps. We decided on an afternoon topic and divided the preparation of lunch and prepared it as a group. The afternoon session we explored how our thoughts and feelings influence our behaviors, choices, and outcomes. Group explored fears, hopes, and thinking patterns. Explored the five senses and how it can help reducer anxiety.

Group Type:

Focus Group: Focus groups are assigned specific topics or problem areas to discuss. The ways the group members react to each other is part of the focus of clinical attention.

Present Today:

Present at today's session were the following: 13 members.

Group Leader Interventions:

Encouraged exploration

Extrapolated to Life

Therapist provided support and structure

Plan:

Encourage Participation and Engagement

Continue Skill Development

Encourage increased participation.

Individual Remarks:

Appearance and Behavior:

In today's session David appeared friendly, wary, communicative, and anxious.

Participation:

David was active today and participated fully in discussions today. The group was positively impacted by the client because of their encouraging statements and felt accepted.

Service Location

Audit Log

Copy contents of the text only into Copy complete note into

Print

Print Preview

spell check

find

(Please click in the field and scroll down to see full text of note.)

Capture Signature

#1 Signed By:

Capture Signature

#2 Signed By:

Capture Signature

#3 Signed By:

Please Note: Changes or editing on this page will be lost if you return to this page without saving. You should limit your editing to minor, last minute changes before printing.

Edits here will NOT show in Documents Upload Site.

1 of 1

7/30/23, 6:13 PM